



Membership Renewal Application

Thank you for renewing your membership with the Network of Executive Women. See new pricing structure and deadlines below.

Name: _____
Company Name: _____
Position/Title: _____
Business Address: _____
City State and Zip: _____
Business Telephone: _____
E-Mail: _____
Fax: _____
Website: _____
Month/Day of Birth: _____

Home Address: _____
City, State, Zip: _____
Home Phone: _____

EMERGENCY CONTACT INFO:

Name: _____
Phone: _____
Relationship: _____

FOR INDEXING ON THE WEBSITE AND IN THE MEMBERSHIP DIRECTORY, PLEASE CHECK THE ONE CATEGORY THAT BEST DESCRIBES YOUR BUSINESS.

- | | |
|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Legal & Financial |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Computers & Internet | <input type="checkbox"/> Printing & Graphics |
| <input type="checkbox"/> Education & Instruction | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Entertainment & Arts | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Food & Dining | <input type="checkbox"/> Recreation & Sports |
| <input type="checkbox"/> Health & Medicine | <input type="checkbox"/> Retail Shopping |
| <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Security |

PLEASE INDICATE ONE OR MORE OF THE FOLLOWING COMMITTEES YOU MAY BE WILLING TO SERVE:

- Activities
- Girls Night Out
- Historian
- Marketing
- Membership
- Newsletter
- Programs
- Publicity
- Scholarship
- Sunshine
- Website

PLEASE CHECK IF YOUR INFORMATION HAS CHANGED SINCE LAST YEAR

Signature _____ Date _____

Thank you for renewing your membership. Please let us know if there is anything the organization can do to increase your satisfaction with your membership this year.

IMPORTANT NEW INFORMATION FOR RENEWALS NO EXCEPTIONS.

____ It is prior to June 30th. I am enclosing a check for my renewal at the discounted price of **\$110.** which will include two complimentary tickets to GNO (\$60. value)

____ It is after June 30th. I am enclosing a check in the amount of **\$125.** which will include two complimentary tickets to GNO, (\$60. value). I understand that I will *not* be included in the membership directory or any website listing.

If you are requesting renewal and it is after September 30th, please ask for a New Membership Application as you will need to re-apply.

Please submit this application and check payable to Network of Executive Women and mail to: Network of Executive Women, Attn: Membership, P.O. Box 3171, Milford, CT 06460

During any event hosted by NEW, candid and posed photographs of any of the participants may be taken that may be posted on NEW's website. If you have any objection to your image appearing on NEW's website, please notify NEW of any objection via contact information on our website.

Revised 05/15